From competition to collaboration

Paper 2: The power of digital as a lever

This is the second of our quarterly insights papers published as part of the Digital ICS programme.

As the Hewitt Review was published we were delivering our first development session with Kent and Medway integrated care board (ICB), helping them to improve their understanding of the conditions they need to create for successful digital transformation in their system. In the session we put forward four provocations for the board to think about – this insights paper is designed to bring those together with key points in the Hewitt Review alongside examples of where we're seeing change in action.

Digital is the lever for achieving alignment and collaboration

"In many cases, incentives have encouraged leaders to think about their organisation's interests without regard for the wider system. The new, partnership based structures for statutory integrated care systems (ICSs), including the statutory duty to co-operate, recognises that problem and reinforces the need to place the interests of patients and the public first." Rt Hon Patricia Hewitt, *The Hewitt Review: An independent review of integrated care systems*

Alignment and collaboration are the two main organising challenges for ICSs. Digital will be one of the most effective levers in addressing those challenges because technology allows dispersed individuals to come together in a way that was never possible before the internet.

In practice, this means opportunities such as using digital transformation to drive out unwarranted variation and standardise approaches across organisations; the use of collaborative tools to connect people and teams across the system in all sorts of new ways, irrespective of the organisation they sit in; and connecting people and sharing data so that there is one view of a patient's information and of the health of the population.

But it's about much more than the use of technology. Being a truly digital system means creating a culture that is networked and open, in order to build trust and trusted relationships. As one ICB chief digital information officer said to us: "During the first year in

my role, I spent my weeks getting people together to consider working on things they hadn't previously thought to collaborate on".

Other systems have taken a structured approach to this. At Surrey Heartlands for example, the ICS has appointed a joint director for public sector reform, a role which is specifically designed to bridge NHS and local government and help quicken decision making.

ICS's create a renewed opportunity to organise around the patient not the institution

We know that people using health and care services don't care which bit of the system is delivering the service, whether that's the NHS, local authority or third sector.

We also know that the scale of the challenge for ICSs is huge, and so is the opportunity. What will make this transformation possible is having a deep and relentless focus on understanding and meeting user needs above all else as an underpinning design principle.

ICSs provide that opportunity to cut through the noise of institutional complexity, to design services around people's needs.

ICSs need to adopt governance that enables, not controls.

"It is the role of all system leaders collectively to challenge and support each other in relation to meeting the agreed objectives. In a growing number of systems, this is realised through a distributed leadership model where different system members at system, place and neighbourhood level all have defined responsibilities and accountabilities within their ecosystem and providing appropriate support to enable transformational change" Rt Hon Patricia Hewitt, *The Hewitt Review: An independent review of integrated care systems*

ICSs are complex ecosystems where success relies on a culture of empowerment, not control. That doesn't mean a free for all across the system – organisations in a system need guardrails to enable them to make good decisions, this often means things like having clear standards, and design principles to work to.

Finding that right balance between empowerment and those guardrails is what enables delivery of better outcomes and it's the job of leaders across the system to design that balance.

One ICB chair told us things were already beginning to change, recognising that it was the ICB's role to focus on changing the 'mood music'.

We recently ran a deep dive event with the North West London Acute Provider Collaborative and were impressed by how they were applying an agreed 'first mover' principle, whereby whoever is first to have a contract for key software come to an end takes responsibility for future solutions for the whole collaborative.

Shared data powers effective system delivery

Sharing data is hard, and it's especially hard in health and care. But it's the sharing of data that powers effective delivery of services by the system.

So the challenge is to find those areas and problems where we can be more pragmatic about sharing data – for example finding information governance solutions that enable us to start small and build the trust needed from there.

Data gets talked about a lot – the skill is in cutting through the noise to work out what data will really help improve outcomes, and to build the trust that enables that data to be shared.

Shared data also needs to be real and valuable to those working in partner organisations. One trust chief executive said: *"We rarely talk about the shared care record in the trust. Therefore, the question the ICB needs to help us with is: what would make this tool important to staff working in our A&E department?"*

All of this is doable, but it requires practical trade-offs, honest discussions about risk and leadership that is prepared to be bold.

As Matthew Taylor, chief executive of the NHS Confederation says, it's about starting with small-scale transactional collaboration that delivers value to users before reaching for the heroic collaboration that will eventually be what powers radically different health and care provision.

A great example we saw recently was Cheshire and Merseyside Health and Care Partnership's digital exclusion dashboard – what's great about this prototype map is that it's open for everyone to see and learn from, using data collated from local and national data sets as a result of working across sector.

Our offer

"The Digital ICS board workshop helped us align what we mean by digital and how it is an enabler for our broader priorities. It was pitched at just the right level for an audience of differing backgrounds and experiences and we are now discussing how we take this forward in a second session." Cedi Frederick, chair, Kent and Medway ICB

The Digital ICS programme is a free and voluntary offer for ICBs, thanks to funding from NHS England as part of their Digital Academy programmes. It is delivered in partnership with NHS Confederation and Public Digital, a consultancy that has experience of working with over 30 governments, global businesses, and multilateral organisations on digital transformation.

It builds on the learning from the NHS Providers' Digital Boards programme which has engaged over 2,500 board members from over 200 NHS trusts, including delivery of over 90 trust board development sessions.

The programme is available to all members of NHS Confederation's ICS Network, and works closely with existing ICS forums to capture and share board level good practice and learning on digital transformation. It also offers free and bespoke leadership development sessions, designed to build consensus among the board and equip leaders with a clear understanding of the conditions needed for successful digital transformation across systems.

Please contact us to find out more.